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ABSTRACT

This document presents an alcohol supplement to New York's Drug Education Curriculum. The supplement is designed to address the unique circumstances that distinguish educational strategies about alcohol from those applied to other drugs. Section I, Introduction, describes the strategy suggested by this document as being based on health promotion, risk reduction, and prevention and management of health problems. The central goal of this supplement is to discourage any alcohol use by children. Section II, New Messages about Alcohol, contains the basic philosophy and messages that comprise a comprehensive approach to alcohol education. The 15 messages in this section are categorized in four broad subject areas: (1) the drug alcohol; (2) alcohol use; (3) alcohol problems; and (4) influences on alcohol use. Section III, Classroom Activity Guide, and the bibliography, References and Resources (Appendix C), are also organized by these four areas to facilitate cross-referencing of messages with related activities and sources of information. Classroom activities are further divided by grade: primary, intermediate, and junior and senior high school. Section IV, Program and Policy Guide, includes examinations of school-based, community-based, and combined efforts to deal with driving while intoxicated prevention; identification and treatment of chemically dependent young people; parent education; and community organization. Appendices contain the National PTA resolution on alcohol and drug use by minors; definition, goals, and objectives of a local council on alcoholism and a list of local councils; and references and resources. An evaluation form is included. (NB)

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ALCOHOL: THE GATEWAY DRUG

Alcohol Supplement to the Drug Education Curriculum

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ALCOHOL: THE GATEWAY DRUG

Alcohol Supplement to the Drug Education Curriculum

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Fall 1986

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I. INTRODUCTION

This Supplement has been prepared by the New York State Division of Alcoholism and Alcohol Abuse in collaboration with the State Education Department to address those areas in which strategies for alcohol education must differ from those presented in the Drug Education Curriculum. While much of the material presented in the Drug Education Curriculum is of generic value, there are unique circumstances that distinguish educational strategies about alcohol from those applied to other drugs. Chief among these are the unique system of legal controls on its distribution, and the status of alcohol as the most widely used mood-altering drug by both adults and children. In the past, this unique status has led to differences in the goals and strategies of alcohol education from those adopted for other mood-altering or addictive drugs.

In recent years there has been a re-evaluation of the goals and strategies of alcohol and other drug education, and major changes in the approach to this subject have been recommended. Limitations on the value of the so-called "affective education" strategies have been recognized by curriculum planners, as well as by educators and organized parents' groups. The need to directly address alcohol and drug use behavior, and to supplement these strategies with refusal skills, has been identified.

During the same period, our State and nation have undergone a careful re-examination of policies regarding the availability of alcoholic beverages to young people. The increase in the purchase age for alcohol to 21 set the stage for a review of past alcohol education strategies for their consistency with the new law. This review has suggested changes in both message content and approach to bring about a closer relationship between educational strategies and legislated public policy.

A New Approach to Alcohol Education

As a result of this rethinking of alcohol education strategies, popular consensus has formed to abandon the strategy of attempting to prevent alcohol problems by teaching "responsible drinking" to school students. In place of this strategy, this Supplement presents messages that discourage the use of alcohol by students and that reinforce risk avoidance and modern prevention concepts. Further information is presented on the levels and patterns of alcohol use that are associated with high and low risks of intoxication-related problems, addiction, and other alcohol-related diseases. This information includes up-to-date facts about the hereditary influences in alcoholism and levels of alcohol use associated with disease.

This Supplement adds a new focus on the special needs of children from alcoholic families. These children are not only at

high risk for alcoholism if they use alcohol, but often face unique developmental problems and increased risks of abuse and neglect, as well as accidental injury and stress-related illnesses.

To modify the strategies of past approaches, education professionals will need to re-examine the content and message not only of classroom materials, but also of school social and program activities. This Supplement provides a section on program and policy approaches, including school-based, community-based, and combined efforts to deal with driving while intoxicated (DWI) prevention; identification and treatment of chemically dependent young people; parent education; and community organization.

The Problem with "Responsible Drinking"

In the past, it has been considered desirable to promote a public and school-based education strategy based on the concept of "responsible drinking" and "responsible decision-making." This concept has held wide appeal, and has been embraced by many in the alcoholism treatment, education, and alcoholic beverage industries.

As a result, school children have been taught that to avoid alcohol problems they should learn how alcohol affects their bodies, know their limits, and should avoid driving while intoxicated. Based on this information, they should make "responsible decisions" about alcohol use. On the surface, the strategy of "responsible drinking" appears to represent a straightforward, well-reasoned approach to alcohol education. The approach has not, however, led to reductions in widespread alcohol use and problems among students.

The "responsible drinking" strategy is fraught with limitations. The strategy recognizes that children are faced with choices about alcohol use, but may presume that the normal choice will be use. The message that non-use is the choice strongly preferred for children by the society may not be presented. Often overlooked is the fact that laws must be broken for any alcohol use by children except under parental supervision. Participation in the violation of these laws may not be discouraged, or even discussed, in the process of "responsible" decision making.

The strategy further implies that "responsible use" is a way to prevent alcohol problems: "responsible," suggesting that some "irresponsibility" is at the root of alcohol problems; and "use," suggesting that non-use (the only certain way to prevent alcohol problems) is NOT a way to prevent alcohol problems. In the application of this strategy, the legitimacy of the choice of abstinence may be ignored; or, as more recently addressed in the message "It's OK to say no," that alcohol use is the norm and non-use is merely an acceptable deviation.

Some "responsible drinking" messages do not discourage alcohol use in any quantity or level except prior to driving an automobile, implying that DWI is the sole alcohol problem facing young persons. These messages fail to address other problems associated with alcohol use, such as addiction and injuries, and the other two leading causes of death among young people--homicide and suicide.

While many prevention professionals now view this approach as a subtle form of alcohol promotion, it is clear that the messages delivered through this strategy are at the least mixed and potentially misleading. Consequently, many "responsible drinking" educational efforts may have a neutral, if not negative, impact on preventing alcohol problems. Avoiding both the continuation and recurrence of this type of problem is a principal goal of this Supplement.

In abandoning the "responsible drinking" strategy, the State has recognized the leadership of the National Parent Teachers Association, and other parents' groups, whose policy statement on this subject appears in Appendix A of this Supplement. In asking the school administrators and teachers to follow this direction, it is incumbent upon the State to supply both the strategies and materials that will make for a better approach; one that can be realistically implemented in the schools, and that can be expected to achieve meaningful improvement in results. This Supplement and the teacher training project for which it has been developed represent the first steps in an effort to meet this obligation.

A Strategy Based on Health Promotion, Risk Reduction, and Prevention and Management of Health Problems

In place of the "responsible drinking" strategy, this Supplement follows an approach based on the philosophy of health education presented in the Health Education Syllabus. It presents information that can be integrated into each of the 11 major conceptual areas of the health curriculum, and supplements the general objectives and learner outcomes of the Syllabus with specific goals that relate to alcohol use and alcohol problems. These goals are:

1. To promote a positive valuing of good health and a complete understanding of the relationship between alcohol use and health.

2. To discourage alcohol use by children and delay its onset.

3. To discourage any alcohol use by high-risk groups, such as children of alcoholic parents, or by persons who suffer illnesses or take medications that contraindicate the use of alcohol.

4. To discourage any alcohol use in high-risk situations, where injury to self or others would be more likely due to impaired judgment or coordination.

5. To discourage any alcohol use in quantities sufficient to produce intoxication.

6. To promote an understanding of effective strategies for identifying and helping people with alcohol problems, including children living with alcoholic parents.

The central goal of this Supplement is to discourage any alcohol use by children. As the typical age of alcohol use patterns changes, the Supplement provides for the presentation of age-appropriate information that will reinforce this goal. At such points targeted information is introduced on the definitions and consequences of high-risk use and the needs of persons affected by alcohol problems. This is supplemented with information about legal restrictions and consequences of their violation.

This Supplement stresses messages that discourage use without presenting unrealistic musts or exaggerating negative consequences, and that accommodate the real-world experience of children at various stages. Throughout the Supplement an appropriate focus is given to materials that will help to "inoculate" students against pressures to use alcohol, including advertising and other environmental and adult influences, as well as peer influences.

Using the Curriculum Supplement

Following this introduction, material is presented in separate sections that address messages about alcohol, classroom activities, and non-classroom programs and policies. The appendices provide information on community resources and organizations, as well as a bibliography of information materials.

The section on New Messages About Alcohol, the Classroom Activity Guide, and the bibliography are all organized by four main topics: Alcohol, Alcohol Use, Alcohol Problems, and Influences on Alcohol Use. This is intended to facilitate the cross-referencing of key messages with related activities and sources of information. The Program and Policy Guide relates the key messages about alcohol to school and community efforts to prevent and treat alcohol problems, including an examination of the mixed messages presented by some existing approaches.

Your Help Is Needed

There is growing awareness that alcohol use and dependence represent the most common drug problems among young people in the State. Nonetheless, there remains a great deal of basic work to be done in examining materials currently used in an effort to inform children about and prevent alcohol problems. Uncertainty

and differences about appropriate messages and goals of alcohol education remain widespread.

In many communities great progress has been made. There is growing recognition that the appropriate message for children regarding alcohol and other drug use is simply to "say no." Student assistance programs, community intervention training, alcohol-free prom/graduation events, teen institutes and "Safe Homes" programs have been added to or replaced reliance on Students Against Drunk Driving (SADD) chapters and "Safe Rides" programs for teens. Education programs for parents, such as "Talking With Your Kids About Alcohol," are available through local Councils on Alcoholism, which now exist in most areas of the State. New State aid has been made available through the Education Department to support increased school-based programming for students with special support needs, including those who are affected by alcohol and drug problems.

Concentrated efforts are necessary to ensure that modern approaches to alcohol and drug education, prevention, intervention and treatment are made available to all the children of the State. This will require informed action and support from school and community leaders, as well as parents, teachers and students. Increasing levels of support from community organizations will also be required.

With increased emphasis being placed on improved school-based efforts, it has become more obvious that school personnel have not been fully equipped to implement new strategies, and that a meaningful commitment to teacher training is a key to real progress. While teachers alone cannot eliminate alcohol problems among the students of the state, it is clear that significant progress toward this goal depends on the support of informed and interested teachers.

This Supplement is intended to serve as a tool to help teachers do their part, and to assist them in making connections to others who can help.

II. NEW MESSAGES ABOUT ALCOHOL

This section contains the basic philosophy and messages that make up a well-rounded and comprehensive approach to alcohol education. The 15 messages are categorized in four broad subject areas: the drug alcohol, alcohol use, alcohol problems, and influences on alcohol use. Specific classroom activities relating to each message follow in Section III of this Supplement.

This section provides basic background information for teachers. The appendices will help you locate more detailed information, as well as resources, for each general topic area and message. All of these messages can be presented to students at every grade level, though the detail you choose to provide may vary by age group and even by the abilities of a specific class.

ALCOHOL

1. Alcohol is a drug.

Alcohol is a depressant drug that affects the central nervous system. The chemical compound ethyl alcohol has the same sedative effect as tranquilizers and sleeping pills, and it is toxic. Alcohol is the most commonly abused chemical in the Western world.

Beer, wine and "hard" liquor are all alcoholic beverages. A 12-ounce beer, five ounces of wine or a nine-ounce wine cooler, and 1 1/2 ounces of liquor all contain approximately the same amount of alcohol (0.6 ounces).

When consumed, alcohol goes to the stomach and small intestine where it directly enters the bloodstream without being digested. This alcohol in the bloodstream then circulates to the brain and affects body systems. The body eliminates alcohol at the rate of about one standard drink per hour. The liver breaks down about 90 percent of this alcohol; the rest is eliminated through the lungs and kidneys.

Intoxication is caused by the amount of alcohol in the bloodstream - the blood alcohol concentration (BAC). When alcohol is consumed at a rate faster than the body can eliminate it, the BAC increases. Home remedies for "sobering up," such as coffee, fresh air and cold showers, do absolutely nothing to reduce a person's BAC. Only time can accomplish that. It is also true that individual reactions to alcohol can vary dramatically because of an array of factors that include weight, eating habits, sex, age, health, family background and consumption rate.

Used in small quantities, the drug alcohol reduces tension and alleviates symptoms of stress. But at a BAC of as low as .05 percent, a person's judgment, coordination and possibly vision are impaired. At very high levels of use, heavy sedation, coma and death may result.

2. **Alcohol is an addictive drug.**

The chemical ethyl alcohol is in itself addictive. If alcohol is used in sufficient quantity and frequency over a long enough period of time, dependence on the drug is inevitable. Addiction to alcohol includes the same characteristics associated with addiction to other drugs: craving, loss of control, increased tolerance, physical dependence and withdrawal syndrome.

Approximately one in ten alcohol users appears to become dependent on the drug, making alcohol the second most common addiction after tobacco.

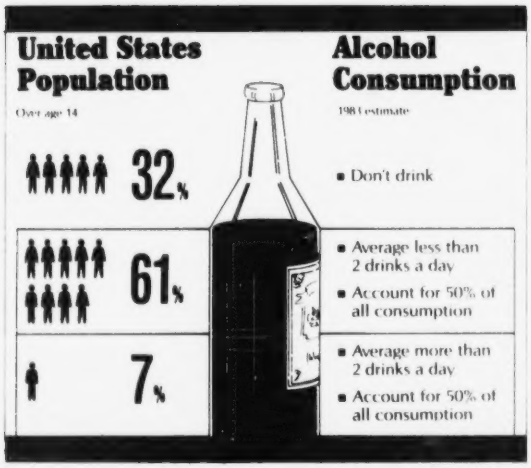
3. **Alcohol is a regulated drug.**

Alcohol is a regulated drug. Laws in all 50 states define and control the legal manufacture and use of alcohol. State and local governments regulate during what times and in what places people may purchase and consume alcohol. Restaurants, bars and taverns must obtain licenses to sell and serve alcohol. Some states regulate retail promotions in bars and stores.

It is illegal to give or sell alcohol to persons under the minimum purchase age. In New York State, parents may allow their own children to use alcohol. They may not, however, make that decision for other parents by serving alcoholic beverages at parties for underage children or adolescents. It is clear that almost all of the alcohol used by children and adolescents is obtained illegally.

Violators of these laws may be arrested and fined. This includes adults who give or sell alcohol to underage children and adolescents, as well as young people who use false proof of age to purchase alcohol.

The sale of alcohol to persons who are intoxicated or known to the seller to be alcoholic or habitually intoxicated is also prohibited.



4. Many people don't use alcohol.

While it often seems that "everyone drinks," the fact is that 32 percent of American adults don't use alcohol. Some of these people are recovering from the disease of alcoholism; some don't drink as a matter of religious conviction. Many people don't drink because they don't enjoy the taste of alcoholic beverages, while others don't use alcohol because they don't like the way they feel when they drink.

5. Most people who use alcohol, don't use much.

Of the adult Americans who do use alcohol, 61 percent drink less than two drinks a day. Most of them drink less than one drink a week.

Recent studies seem to indicate that up to two drinks a day is a "safe" level of consumption for most healthy adults.

6. Most people who use a lot of alcohol develop problems.

Among American adults, just seven percent use 50 percent of all the alcohol sold. Members of this group of

alcohol users are at the greatest risk for developing alcohol-related problems and diseases of all types.

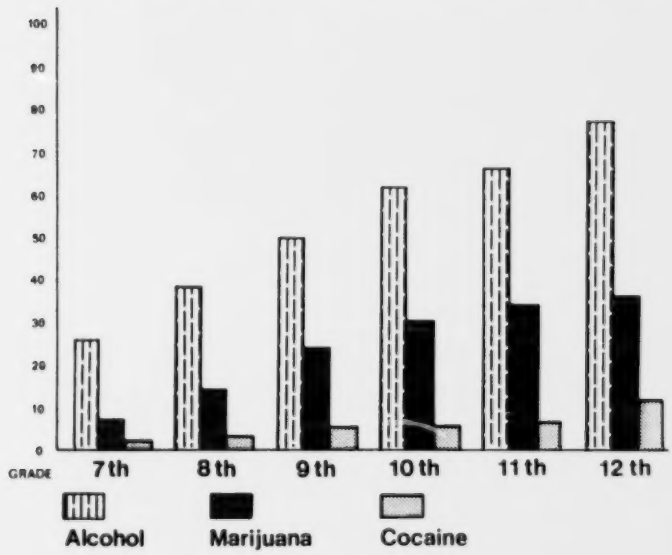
Diseases, such as cancer, heart disease, liver disease and pancreatitis, are related to the long-term heavy use of alcohol. Increased risk for these diseases and other disorders is associated with the daily use of alcohol beyond an average of two drinks a day.

7. **Alcohol is the most widely used and abused drug by youth.**

Among secondary school students surveyed in New York State (1983), 90 percent of males and 85 percent of females have used alcohol by the age of 18. Among 18-year-olds, 38 percent of males and 16 percent of females were heavy drinkers, having five or more drinks at least once a week. Among 7-12th graders, 15 percent were both heavy alcohol and other drug users; for 10-12th graders, this figure rose to 21 percent.

For the majority of young people, the first experience with alcohol use takes place before their high school years. Among New York State students, over half (58 percent) first used alcohol by the age of 12; 75 percent used alcohol by the age of 13.

1983 % of Drug Use By NYS Students in the Last 30 Days



As the chart shows, alcohol is the most widely used drug by New York State students. Although there are recognized patterns of change in cocaine use in recent years, alcohol remains the drug of choice for young people. As late as 1985, 17 percent of high school seniors nationwide had used cocaine at least once and 7 percent had used cocaine in the last 30 days (source: Institute for Social Research, 1986). In that same year, however, 92.2 percent of high school seniors had used alcohol at least once and 65.9 percent had used alcohol in the last 30 days (source: National Institute on Drug Abuse).

Alcohol is also the "gateway," or entry, drug for New York State students. Alcohol use precedes all other drug use. Unless alcohol is used first, students are unlikely to use other drugs, including over-the-counter drugs and cigarettes. Furthermore, studies indicate that students who are more likely to use alcohol are more likely to use other drugs as well.

ALCOHOL PROBLEMS

Alcohol problems are classified into three major categories based on the three critical properties of the drug alcohol: sedative, addictive and toxic.

Intoxication problems are related to alcohol's sedative property and are typically associated with impaired judgment and coordination. These problems include crime, suicide, alcohol poisoning, accidental death and traumatic injuries.

Alcoholism (also known as addiction or alcohol dependence) is associated with the addictive property of alcohol and includes those problems that result from the psychological dependence and habituation in the early stages of addiction, as well as those associated with physical dependence (see #9). Alcoholic persons and their families experience abnormally high levels of all types of alcohol problems, including intoxication problems and other alcohol-related illnesses.

Other alcohol-related diseases result from alcohol's toxic property and are associated with the long-term effects of alcohol on human tissue and body organs (see #6). In New York State, more people die from cirrhosis of the liver than in car crashes.

8. Young people experience alcohol problems.

Intoxication problems are frequently encountered by young people who use alcohol. In a 1983 study of New York State secondary school students, over half reported being drunk or very high from alcohol during the past year; 10

percent of the students said they got drunk once a week or more. A significant number of the students surveyed in that study reported having problems with friends or getting into trouble with teachers or police during the past year because of using alcohol.

The three leading causes of death among young people in New York State - accidents, homicides and suicide - are all significantly related to alcohol use. Alcohol intoxication is also related to youthful vandalism and fights, and is frequently associated with the illegal sale or delivery of alcohol by an adult.

Young people are not immune from alcohol dependence problems either. In the 1983 study mentioned above, 11 percent of the students reported feeling "hooked" on beer, wine or hard liquor. Alcohol dependence in young people is frequently associated with the use of and dependence on other drugs. Other alcohol-related diseases are relatively uncommon among young people, however.

9. **Alcoholism is a disease.**

For a long time, people thought of alcoholism as a "bad habit" caused by some personal weakness or lack of willpower. In the 1950s, the American Medical Association and the World Health Organization recognized alcoholism as a disease.

Like other diseases, alcoholism has definite signs and symptoms: loss of control, memory blackouts, increased tolerance, and ultimately physical dependency and withdrawal syndrome. The disease of alcoholism produces specific physical changes in the body. The liver, stomach, pancreas and brain are some of the organs that can be severely affected by alcoholism.

Just like diabetes or arthritis, alcoholism is a chronic, progressive disease. Alcoholism is progressive because it follows an identifiable course. Left untreated it will eventually result in serious physical and mental disability or death. Like other chronic diseases, the symptoms of alcoholism may "go away" with treatment, but the disease is still present in a controlled form. In other words, the disease is in remission as long as the alcoholic person doesn't use alcohol.

Though incurable and potentially deadly, it is important to remember that alcoholism is also among the most treatable of all chronic diseases. Modern alcoholism treatment methods have proven to be highly effective, and offer real hope of recovery to most alcoholic persons.

Most alcoholism treatment professionals believe that recovery depends on several major elements: completely avoiding alcohol and other mood-altering drugs (experienced physicians are knowledgeable about what drugs may be safely prescribed for people in recovery from alcoholism); following a lifestyle that incorporates spiritual, physical and emotional health; and participating in a program of recovery that promotes and supports these principles. Many people find all of these elements in Alcoholics Anonymous (AA) and need no formal professional treatment. Others will require professional treatment on either an inpatient or outpatient basis, usually in addition to AA.

The disease of alcoholism develops as a result of the way the amount of alcohol we use interacts with our own particular body chemistry. Depending on the way our own body interacts with alcohol, it may take a lot of alcohol to "trigger" alcoholism, or it may take very little. Each person, because of heredity and biology, appears to be born with a certain level of risk for developing this disease. For some people the risk is higher than for others.

Research since the 1950s has made it increasingly clear that the genes people inherit can contribute to the development of alcoholism. In the last few years, studies have persuasively demonstrated that approximately one half of all alcoholic persons have inherited a genetic predisposition - or susceptibility - to the disease. Studies of twins and adoptees have shown that children who have a biological parent who is alcoholic are four times more likely to develop alcoholism than the children of nonalcoholics. For sons of alcoholic fathers, the risk is even higher. This is true regardless of the environment in which they are raised.

10. **Alcoholism is a family disease.**

Beyond the role of genetics, alcoholism is a family disease that has a devastating impact on each individual family member and on the family system as a whole.

In any family, the life of each member is joined with and affected by all the others, and may be seriously disturbed by the illness of another family member. This is not just the case with alcoholism; it happens with any major illness. If a parent or child is dying of cancer, for example, it is easy to see how an entire family is affected by and has to deal with the disease.

Because of the stigma attached to alcoholism, families often find themselves living in a virtual state of

isolation. Family members may feel ashamed or embarrassed by the alcoholic person's behavior, guilty about not doing enough or even causing the drinking, and often responsible for trying to get the alcoholic member to stop drinking. Sometimes family members will make excuses for the drinking or deny that it is harmful. Frequently, families deny that there is any problem at all.

Depending on the nature and duration of active alcoholism, family members will be affected differently and, like the alcoholic member, may need different types of treatment. Help is available for alcoholic families through alcoholism clinics (covered by Medicaid and all group insurance) and Al-Anon family groups, which follow the same principles as AA.

11. **Children are affected by family alcoholism.**

One out of every eight Americans is the child of a parent who has or had an alcohol problem. Over 28 million Americans share this status, including about 7 million people under the age of 18 and 22 million over that age.

Children of alcoholic families are prone to a wide range of problems, including anxiety, depression, eating disorders, learning disabilities, and a variety of stress-related medical problems.

Children who reside with their alcoholic parents must often deal on a daily basis with family disruption, broken promises and parental inconsistency. They also must contend with the fear, silence and shame that surrounds the "family secret." Some of these children are physically abused, others are neglected, while still others are the victims of sexual abuse.

Often these children are responsible for taking care of themselves, their brothers and sisters, or perhaps even their alcoholic parent. Many of these children feel they are to blame for their parent's alcoholism, believing that if they were somehow "better," the drinking would stop.

As children growing up in an alcoholic home, they develop a variety of coping mechanisms to relieve the unpleasantness and tension in the family environment. Some of these children do poorly in school, have few friends and frequently get into trouble. Others are overachievers and appear very mature for their age. Regardless of the coping mechanism, these behaviors almost invariably become rigid roles that affect all aspects of the children's lives and can plague them into adulthood.

12. **Children may need help with family alcoholism.**

Children of alcoholic families are a special group of students who are at high risk for adjustment problems, alcohol abuse and alcoholism.

Children living in alcoholic families need someone they can trust to open up to, someone who will listen to their problems and assure them that they are not to blame. Children faced with physical or sexual abuse will need to know where they can go to be safe.

It is advantageous for you to be familiar with the referral process in your particular school and district: when, how and where to refer students who may come to you with a problem or for information.

Regardless of whether the alcoholic parent seeks help, there are services available for children. Alateen, a self-help recovery group affiliated with AA and Al-Anon, will accept children who are 11 years old and over. Alateen groups often meet in junior or senior high schools. Your local Council on Alcoholism can help identify local service providers and programs that assist families and children.

INFLUENCES ON ALCOHOL USE

13. **Social influences play a major role in making alcohol use attractive to children.**

Almost inevitably, children are faced with the choice of using alcohol that is illegally acquired, that is, alcohol not given to them by their parents. At the same time, children are constantly exposed to messages that encourage them to use alcohol.

Obviously, a child's sense of self-worth and well-being will have an impact on how he or she responds to these influences. Family and cultural background will also influence a child's choices about alcohol use.

By and large, though, the greatest influences on youthful alcohol use come from the media and peers. A Weekly Reader survey in 1983 found that for 4th graders television and the movies had the greatest influence in encouraging alcohol use by making it seem appealing; the influence of other children was second. From the 5th grade on, other children increasingly influenced use, with television and movies remaining a consistent second.

Advertising plays a key role in making alcohol use appealing to young people. Because of its sheer volume and acceptance in our culture, advertising not only affects purchasing decisions, it creates an environment in which beliefs and attitudes are shaped. The most recent figures indicate that the alcohol industry spends upwards of $750 million per year on radio and television advertisements that often depict alcohol use as an integral component of a happy, healthful, successful and popular lifestyle. Television alone weekly reaches 92 percent of all children. On average, teenagers ages 12 to 17 watch 3.5 hours of television a day; for children ages 2 to 11, this figure is close to four hours daily.

As children grow older, the influence of peers on all aspects of life increases. This is a normal part of the process that children go through in establishing an identity separate from their parents. For children an important reason for doing any number of things is to "fit in with others." There are also pressures to "act older" and "have a good time" by using alcohol.

Children and adolescents need to understand the influences that shape attitudes about alcohol use, as well as strategies for analyzing and responding to messages that encourage alcohol use. Lessons and activities that examine these influences and bring them to conscious awareness may help to lessen their impact.

14. **Life requires choices. Some choices are low-risk; others involve high risk.**

Every day we make hundreds of choices. Children need to understand that life provides them with countless opportunities to make pro-health choices. In terms of health-enhancing decisions about alcohol and other drugs, the concept of low-risk versus high-risk choices provides important guidelines that children can use now and throughout their lives.

High-risk Groups

Certain people, because of special medical conditions or unusual sensitivity to alcohol, may be unable to use alcohol safely. Diabetics, heart patients and persons with diseases of the digestive system are just some of these groups.

Throughout pregnancy the use of alcohol poses a serious risk to the developing fetus. Low birth weight, spontaneous abortion, mental retardation, hearing defects and physical

abnormalities are among the variety of fetal alcohol effects.

Children and adolescents are also a high-risk group. They differ from adults in terms of body size, nervous system development, and the liver's ability to handle alcohol. As new drinkers their tolerance for alcohol is low. Also, the risk of organ and tissue damage caused by alcohol is greater in children than in adults.

Children of alcoholic families are particularly vulnerable to alcohol problems, and they are four times more likely to develop the disease of alcoholism than are other children (see #9).

High-risk Situations

Most people now recognize the danger in combining drinking and driving, but they don't think about the effect of alcohol on other activities, such as baby-sitting, playing or cooking.

There are many high-risk situations where any alcohol use is unsafe. Many aspects of daily life, particularly work and recreational activities, require alertness and coordination. Boating, riding bicycles, climbing stairs, working with machinery and similar activities can be dangerous when mixed with alcohol.

Other risky situations involve times when a person's condition is already impaired by some other cause, such as depression or emotional stress. Using alcohol and medications, such as tranquilizers, sedatives and antihistamines, can also be risky. The depressant effects of alcohol and these drugs can combine to produce a dangerous state of central nervous system depression.

Making Low-risk Choices

The low-risk, pro-health decision for people in high-risk groups is to avoid using alcohol entirely. Similarly, in high-risk situations, where impaired judgment or coordination can be a threat to the safety of yourself or others, no amount of alcohol use can be considered "safe."

Alcoholism is the third leading cause of death in this country following heart disease and cancer. And like heart disease and cancer, alcoholism has been called a "lifestyle-related health problem." In other words, people can make choices about the way they live and what they do that increase or decrease their chances of developing that disease. Once people become aware of the risks, they can

take steps to avoid developing the disease.

People at high risk for heart disease can cut down on high-cholesterol foods, get exercise, quit smoking and avoid stress. These are all "low-risk" choices that reduce the chances of developing heart problems. In the same way, people can make low-risk choices about using alcohol that reduce their risk of developing alcoholism.

There is a safe, 100-percent-sure, low-risk choice to avoid alcoholism and alcohol problems, and that is to not use alcohol. There is no such guarantee with heart disease and cancer. People may still develop those diseases even when they follow all of the low-risk choices available to them. People can't develop the disease of alcoholism if they don't use alcohol. This is particularly important information for children of alcoholic families.

Other low-risk choices available to adults include staying within the two-drinks-per-day limit, and never drinking more than one drink an hour or to alleviate stress. People should also be aware of the warning signs that signal a problem: changing tolerance, an unusually positive or negative reaction to alcohol, abrupt personality changes and any loss of control.

15. <u>The only low-risk choice for children and adolescents is to not use alcohol</u>.

III. ACTIVITY GUIDE

The following activities are suggested for use in developing the alcohol education messages discussed in Section II. Each activity was chosen for inclusion in this Supplement because it met three criteria:

1) encouraged a unified health education approach;

2) used alcohol education as a vehicle for skills in the tool subjects of reading, writing, social studies, math, etc.; and

3) created a systematic, conceptual framework.

Most of the learner activities presented are currently in use in classrooms across the State. This Supplement has catalogued them in a new, sequential framework. Many of the activities can be used several times, with only slight modification, for conceptual reinforcement.

This activity guide separates learner activities into the four topic areas presented in Section II: alcohol, alcohol use, alcohol problems and influences on alcohol use. Twelve activities are presented for primary, intermediate and secondary students in each of the four topic areas, thus allowing for a spiral approach to the broadening and deepening of conceptual development.

The age-appropriateness of messages has been given special emphasis. The continual downward trend of age of first use of alcohol, coupled with the research on early learning, particularly the work of David Weikart, lead to the earlier introduction of alcohol-specific knowledge, attitudes and skills.

Some of the activities presented in this guide require the use of various pamphlets and books. Information on how to order these publications can be found in Appendix C, References and Resources, under the appropriate topic area.

ACTIVITIES TO DEVELOP TOPIC 1 - ALCOHOL

Messages 1-3

- Alcohol is a drug.
- Alcohol is an addictive drug.
- Alcohol is a regulated drug.

PRIMARY GRADES

Materials	Activity/Discussion	Comments
Chart Paper Magic Marker Paper Paste Scissors Pictures of beverages	Activity 1 Brainstorm a definition of "drug." Activity 2 Have students make a collage of things to drink. Things to drink are called "beverages." Activity 3 Have students categorize the drinks on their collage. Suggested categories include: a. breakfast drinks; b. favorite drinks; c. drinks that contain drugs. For all three categories, reinforce the concept that caffeine and alcohol are drugs.	

Materials	Activity/Discussion	Comments
Paper Pencil Crayon	Activity 4 Students drink many beverages that they enjoy. Have students draw and color pictures that answer each of the following questions: a. What drink do you have in the morning? b. What drink do you get from the faucet? c. What drink do you have when you get home from school? d. Which drink is your favorite? Have students put a circle around any of the drinks chosen that contain a drug.	

INTERMEDIATE GRADES

Materials	Activity/Discussion	Comments
Chart Paper Magic Marker	Activity 1 Brainstorm a definition of addiction. (Review with group definition of drug.) Activity 2 Have students create a collage of pictures of things that are drugs. Activity 3 Have students create a chart with headings: Addictive Non-addictive Categorize the collage pictures by listing them under the appropriate heading. Activity 4 Brainstorm the following: What happens to people when they drink too much alcohol?	

Materials	Activity/Discussion	Comments
Paper Pencil	Activity 1 a. Have students list all the drugs they have ever taken. (Include over-the-counter medication and prescription drugs; drugs given in doctor's, dentist's and opthamologist's offices; drugs included in beverages.) b. Have students put a check over the ones that can be toxic. c. Have students put an "x" over the ones that can be addictive. Activity 2 Have students write a research-based paragraph on sedatives.	

Materials	Activity/Discussion	Comments
Crayons Paper Sticks Paper bags	Activity 3 Have students create a puppet show for young children teaching that alcohol is a sedative, addictive and toxic drug. Activity 4 Have students create a ten-minute skit around the following situation: A teenager friend of yours convinces an older friend to buy him/her beer. You are invited to come to the park after school and "party" with them. What would you do?	

ACTIVITIES TO DEVELOP TOPIC 2 - ALCOHOL USE

Messages 4-7

- Many people don't use alcohol.
- Most people who use alcohol don't use much.
- Most people who use a lot of alcohol develop problems.
- Alcohol is the most widely used and abused drug by youth.

PRIMARY GRADES

Materials	Activity/Discussion	Comments
Chart paper Marker	Activity 1 Brainstorm a class list of all the situations in which people might drink alcoholic beverages. Decide with the class if it is safe or not safe in that situation. Reinforce the concept that at certain times adults find it safe to drink moderate amounts of alcoholic beverages. However, no matter what, the occasion in which too much drinking occurs is never safe because it affects vision, judgment, etc.	

Materials	Activity/Discussion	Comments
"Pepper" (pamphlet)	Activity 2 Read the story "Pepper." After the story is completed ask: 1. What happened in the story? 2. Why did Pepper feel badly? 3. What was wrong with Pepper's owner? 4. What helped Pepper feel better? 5. Can you think of a time you felt like Pepper? 6. What makes you feel better? 7. If someone in this school felt sad, like Pepper, whom could he or she talk?	

Materials	Activity/Discussion	Comments
	Activity 3 Conversation homework- Have students brainstorm at home, asking the question, "Who can help me when I need help?"	
Paper Pencil	Activity 4 Have students create a list of people who can help them. Make sure they list both home and school helpers.	

INTERMEDIATE GRADES

Materials	Activity/Discussion	Comments

Activity 1

Conduct a classroom discussion about:

a. How do you let people know when you feel:

- o happy?
- o angry?
- o sad?

b. Why is it so important to let people know how you feel?

Activity 2

Brainstorm the following:

a. Things to do when you feel sad.

b. Things to do when you feel glad.

Discuss all of the answers given. Help students see positive action as the best coping shield.

Materials	Activity/Discussion	Comments
	Activity 3 Discuss all of the activities people use on special occasions; such as weddings, to show their pleasure. (If drinking alcohol is not mentioned, bring in the ritualistic use of alcohol). Activity 4 Have students write a skit about a special occasion, and act it out for the class.	

Materials	Activity/Discussion	Comments
Alcohol-How Much Is Too Much (pamphlet)	Activity 1 Distribute to the class: Alcohol - How Much Is Too Much? a. Have students silently read the selections: 1. "How Much Is Too Much" 2. "Getting Drunk" 3. "Drinking Safely" b. Discuss: 1. What are America's drinking patterns? 2. Do most people drink?	
Promoting Health/Preventing Disease: Objectives for the Nation (pamphlet)	Activity 2 Distribute Promoting Health/Preventing Disease: Objectives for the Nation. Discuss: Four facts about disease that I learned from the pamphlet are ...	

Materials	Activity/Discussion	Comments

Activity 3

Have students write an opinion essay on:

> How does it make you feel when you see someone who has had too much to drink?

Share the essays with the class. Discuss the feelings described in the essays. Do the feelings differ if the person who has had too much to drink is a family member? close friend?

Activity 4

Divide the class into small groups. Have each group select a recorder who will read the "Where I Stand" statements and run a seven minute discussion of each statement. After each discussion, the recorder places each member's vote under one of three columns:

> 0 No Opinion
> + Agree
> - Disagree

Suggested "Where I Stand" statements include:

Materials	Activity/Discussion	Comments
	1. It is hard to believe something when your friends think you are wrong. 2. Parents are usually right. 3. It is important to limit the amount of sweets you eat. 4. Students don't give each other enough respect. 5. School should be more work than fun. 6. Adults don't give children enough respect. 7. A "get tough" policy is the best approach to a school's alcohol/drug problem. 8. Anyone who drinks alcohol has a serious personal problem 9. Parents have the right to say what can and can't go on in their houses. 10. It is hard to say no when offerred a drink at school or at a party. Have the group recorders report the results of their group's vote. Discuss the results in class.	

ACTIVITIES TO DEVELOP TOPIC 3 - ALCOHOL PROBLEMS

Messages 8 - 12

- Young people experience alcohol problems.
- Alcoholism is a disease.
- Alcoholism is a family disease.
- Children are affected by family alcoholism.
- Children may need help with family alcoholism.

PRIMARY GRADES

Materials	Activity/Discussion	Comments
What's Drunk Mama? (pamphlet)	Activity 1 a. Read What's Drunk Mama? to class. b. Discuss: 1. What is drunk? 2. What are examples of alcoholic beverages? 3. What are some of things that make Christy angry? sad? worried? 4. If you knew someone like Cristy, what would you say to her?	
Pencils Crayons Paper	Activity 2 Have students write a story about their family. Share it with the class. Some students may choose not to share.	

Materials	Activity/Discussion	Comments
	Activity 3 Brainstorm the definition of a family. Brainstorm the definition of a friend. Activity 4 a. Discuss the concept that both family and friends are sources of help. Reaffirm everybody's need for a support system. b. Role play exercise- "Who Can Help" - Have students describe and act out the family member or friend who is there for them when they need help. Reinforce the concept that all of us (teacher included) need help sometimes and need to identify personal support systems.	

Materials	Activity/Discussion	Comments
12-ounce tumbler Plastic wine glass Shot glass Red dye Water One-ounce measure	Activity 1 Lecture and demonstration - Fill each glass with one ounce of red-dyed water. Is the same amount of alcohol (red dye) in each glass? Fill the remainder of each glass with clear water. Ask the class, "If the red dye represents alcohol, which glass has the most alcohol in it?" Stress the fact that each glass contains the same amount of alcohol. Activity 2 Have students stand up and spin themselves around. After they stop, ask them to stand still and simply notice how they are feeling. Ask them to pay attention to every part of their body.	

INTERMEDIATE GRADES

Materials	Activity/Discussion	Comments
Paper	Activity 3	
Pen	Ask students to either:	
Magic Marker	a. Write a story describing what they felt like in various parts of their body after spinning.	
	b. Draw a cartoon about what it felt like in various parts of the body after spinning.	
Pablito's Secret (pamphlet)	Activity 4	
	Have students read Pablito's Secret.	
	After reading the story, have them write an essay about what they learned. read the essays in class.	

JUNIOR AND SENIOR HIGH SCHOOL

Materials	Activity/Discussion	Comments
	Activity 1	
	Have students form a committee and create a pamphlet:	
	"Sources of Help in Our Communities"	

Materials	Activity/Discussion	Comments
	Activity 2 Have students research and list 12 diseases and the treatments for each disease named. Discuss how alcoholism is a treatable disease. Activity 3 Assign the following homework research: a. How many alcoholics are there in the United States? b. Do alcoholics work? c. Where do alcoholics live? d. What kinds of families do alcoholics have? e. Do alcoholic parents have alcoholic children? Activity 4	
The Courage To Change (book)	Have students read two stories from The Courage To Change. Discuss alcoholism as a disease, based on this reading.	

ACTIVITIES TO DEVELOP TOPIC 4 -

INFLUENCES ON ALCOHOL USE

Messages 13-15

- Social influences play a major role in making alcohol use attractive to children.
- Life requires choices. Some choices are low-risk; others involve high risk.
- The only low-risk choice for children and adolescents is not to use alcohol.

PRIMARY GRADES

Materials	Activity/Discussion	Comments
Chart Paper Pen	Activity 1 a. Brainstorm a list of activities. b. Categorize the activities into two columns: Safe Not Safe c. Discuss the list and the categories. (Reinforce the concept that situations can change the safety of activities.) Activity 2 a. Have students make a list of choices under the heading: "I Can Decide" b. Discuss what are age-appropriate decisions.	

Materials	Activity/Discussion	Comments
	(Reinforce the concept that children are not supposed to decide for themselves about drinking.)	
Paper	Activity 3	
Pencil	Have students:	
Crayons	1. Write a story about "A Safe Day."	
	2. Draw cartoons for "A Safe Day."	
	Activity 4	
	Have students act out a decision they made that was difficult for them.	

Materials	Activity/Discussion	Comments

Activity 1

Have students make a list of all the decisions they made yesterday. (Reinforce the concept that life requires choices.)

Activity 2

a. Have students review their decisions list. Place a circle around any of the decisions that were health-enhancing decisions.

b. Have students create two collages:

   1. Activities that are safe (low-risk).

   2. Activities that are not safe (high-risk).

In each collage, have students label the activities and explain or defend their choices.

Activity 3

Have students watch five TV commericals for homework. In class, have students classify those commercial messages according to low or high risk. Discuss them.

INTERMEDIATE GRADES

Materials	Activity/Discussion	Comments
	Activity 4 Have students write an essay about low-risk messages.	

JUNIOR AND SENIOR HIGH SCHOOL

Materials	Activity/Discussion	Comments
	Activity 1 Have students role play a situation wherein a teenager is offered a can of beer by a friend. What do you say? What do you do? Activity 2 Have the students respond to the following advice letter: Dear _____: My parents are going away for the weekend. My older sister will be in charge. My friends want to come over and have a party. They said we could raid the liquor cabinet. I don't want to lose my friends. What should I do? "To Party or Not To Party"	

Materials	Activity/Discussion	Comments

Activity 3

Have students make a list of the decisions they have made in the last 24 hours. Have them put an X by the independent decisions; put a check by the health-enhancing decisions; put an O by the low-risk decisions. Have them circle any high-risk decisions and defend their choices.

Activity 4

Have students choose one to do for homework:

a. Prepare for a 20-minute debate on "To Drink or Not To Drink."

b. Clip alcohol ads from magazines and newspapers and bring them to class. Have students describe how ad tries to sell you that brand of alcohol.

c. Watch a TV ad for alcohol and check off how many of the following hidden persuaders are used: glamour, romance, popularity, wealth, maturity, sophistication. What other persuaders are used?

IV. PROGRAM AND POLICY GUIDE

This section provides information about programs and policies that support the goals identified in the Introduction to this Supplement. Every school will wish to review its programs and policies to eliminate practices that conflict with educational goals and prevention strategies, and to maximize efforts that support them. Such a review can begin with policies for identifying and managing students who have alcohol or other drug problems, and non-instructional school and community programs that may be associated with alcohol problems or their prevention.

Of particular importance will be the examination of approaches to alcohol-related motor vehicle accidents. There remains some conflict over the best approaches to this problem, and it is here where messages that may communicate acceptance or subtle support for student alcohol use appear most frequently.

SCHOOL POLICIES

Methods for identifying students with alcohol and other drug problems and policies for managing them are increasingly important aspects of school prevention efforts. Schools may find it necessary to modify policies to support goals of appropriate treatment of persons in need of help, and to reflect the school's understanding of the nature of these and other health problems.

Screening and Drug Testing

Recent attention to drug testing procedures has raised significant policy questions for school districts throughout the State. Schools considering random or mandatory drug screening of students need to be aware of the limitations of various testing procedures, particularly the potential for inaccurate results.

As a general rule, it is recommended that testing procedures not be used unless they are part of a diagnostic evaluation or routine physical examination conducted by a qualified health professional. Where testing procedures confirm the use of unprescribed controlled substances, treatment should be arranged with qualified professionals. Young people believed to have alcohol problems should be screened and evaluated in State-certified alcoholism clinics. Such clinics are permitted to make visits to schools to assist in the evaluation of troubled students.

Disciplinary Procedures

When a student's academic performance or behavior suggests the presence of an alcohol or other drug problem, steps should be taken to identify and confront the problem immediately. As a general rule, it is recommended that students suspected of an alcohol or other drug problem be served in a school-based student assistance program. Participation in the program should be required as part of the normal disciplinary procedure or may serve as a first-line alternative to regular disciplinary procedures for appropriate students.

Where no such program exists, it will be necessary to engage outside consultation to establish the existence and nature of a suspected alcohol or other drug problem. Where indicated, efforts should be made to reinforce acceptance of treatment as an alternative to disciplinary consequences. Treatment agencies should be expected to consult appropriately with school guidance or health officials.

Community intervention training is a significant aid to the evaluation and improvement of school policies in management of students with alcohol and other drug problems.

SCHOOL-BASED PROGRAMS

In an effort to prevent DWI, the leading cause of death among young people, many strategies have been developed that seek to limit driving by intoxicated students but that do not address the subject of alcohol use. Some of these strategies assume that students will use alcohol and that adults will permit illegal distribution of alcohol to children in their homes. "Safe Ride" or "Dial-a-Ride" programs have been increasingly criticized for this reason, as have some SADD presentations and some aspects of the SADD "Contract for Life."

Many schools have experienced positive results with their SADD chapters. A number have evolved into programs that discourage alcohol use and de-emphasize those aspects of the "Contract for Life" that imply parental consent of youthful alcohol use. Other schools have by-passed the development of SADD chapters. Instead these schools have sponsored "Just-Say-No" clubs or developed teen institute/peer leadership programs that emphasize education and avoiding the use of alcohol and other drugs.

School-based student assistance programs help students who are found not to be in need of treatment, but whose alcohol or drug use, or life with alcoholic parents, puts them at risk for problems. This type of program is often supported by non school-based approaches such as community intervention training, as

described below.

Student Organizations

Students Against Driving Drunk (SADD)

A national program based in Marlboro, Massachusetts, SADD seeks to prevent young people from driving while impaired by alcohol. The program makes use of a "Contract for Life," which is executed between parents and their children. The Contract calls for parents to promise not to drive after using alcohol, and to provide transportation for their children so they can avoid driving in such situations or riding with a friend who is intoxicated. Children promise to call for a ride in such circumstances, with assurances that there will not be arguments at the time. It is expected that the matter will be discussed the next day.

School chapters are usually started when a representative from SADD's national headquarters is invited to speak to a school assembly. Chapters then continue their efforts within the school to discourage DWI.

Information on SADD can be received by contacting SADD National Headquarters, 110 Pleasant Street, Corbin Plaza, Marlboro, MA, 01752 (617/481-3568).

Just-Say-No Clubs

In some areas of the country, these clubs have been established to provide social support and activities for young people who want to avoid alcohol and other drug use. This is a growing phenomenon. Information on Just-Say-No Clubs can be obtained from Just-Say-No Clubs of America, 1777 North California Blvd., Suite 200, Walnut Creek, CA, 94596 (1-800-258-2766).

Student Assistance Programs

Student assistance programs provide alcohol and drug abuse prevention and intervention services for school-age youth, with special targeting toward children from alcoholic families. Student assistance programs seek to discourage the onset of alcohol and drug use among adolescents; to reduce the incidence of alcohol- and drug-related problems among adolescents; and to ensure appropriate identification and treatment for youth with alcohol- and drug-related problems.

Student assistance programs will provide alcohol and other drug information to all students. Each program develops a set of

unique strategies sensitive to the special needs of the community and school it serves.

Program activities include:

- special education and support for students with alcoholic parents;
- on-site evaluation/assessment services and treatment referrals for those students with alcohol or other drug problems;
- screening services for students not known to be children of alcoholic families or alcohol/drug-abusing, but who exhibit performance problems, as well as referral to appropriate treatment;
- information and educational programs for teachers, parents and the community;
- providing an environment for special program services, meetings of recovery fellowships (e.g. AA, or Alateen) and a site for treatment visits for youth who cannot be treated in local clinic settings; and
- arranging with local alcoholism clinic programs to provide on-site outreach services, including clinical assessments.

Ideally the student assistance program should have identified space for exclusive use in providing program services. Space can be utilized for structured student activities; Alcoholics Anonymous, Alateen, and other recovery fellowship meetings; and occasional treatment visits from staff of local clinics. Student assistance programs are likely to be most effective in settings that also provide employee assistance programs for faculty and staff.

The Division of Alcoholism and Alcohol Abuse provides demonstration funding to establish student assistance programs when accompanied by a plan for self-support, the development of an employee assistance program for school staff, and the implementation of community intervention training. ERSSA funds may be included in self-support plans. Applications for grants are made through local Community Services Boards for Mental Hygiene.

Additional information on student assistance programs is available from the New York State Division of Alcoholism and Alcohol Abuse, 194 Washington Avenue, Albany, New York, 12202 (518/473-3460).

JOINT AND NON-SCHOOL-BASED PROGRAMS

Community programs sponsored by local Councils on Alcoholism can be of special value in supporting school-based activities. Parent education programs, such as "Talking With Your Kids About Alcohol," and other services of these organizations are described below. The local Council on Alcoholism is the recommended community resource to assist schools in addressing alcohol problems. Help is also available from the local Mental Hygiene Department or Community Services Board, or the NYS Council on Alcoholism (1-800-ALCALLS), which serves as a statewide information clearinghouse.

Teen Institutes

Teen institutes are peer leadership programs for high-school students and teachers now operating in several states, including New York. Interested students and adult advisors participate in an intensive training program of lectures, courses, workshops and small-group interactions that facilitate personal growth, education and action. Special emphasis is placed on the effects of alcohol and other drug abuse and dependency. After training, participants are expected to work in their schools and communities to promote and implement programs for preventing alcohol and other drug problems.

New York State's version of the teen institute is the Human Understanding and Growth Seminar (HUGS). Open to junior and senior high school students, college students, teachers and parents, HUGS sponsors a variety of specialized training seminars. HUGS participants form clubs that create and develop prevention programs responsive to the special needs of their schools and communities.

For more information on HUGS contact the Long Island Council on Alcoholism, 2 Library Avenue, Westhampton Beach, NY, 11978 (516/288-6655).

REACH America

"Responsible Educated Adolescents Can Help America" (stop drugs) is a project of the National Federation of Parents for Drug-Free Youth. It is an expanding national organization of young people who receive two-day training seminars in alcohol and other drug problems, and become involved in education and prevention efforts for peers and younger students. You can obtain additional information on REACH America by contacting NFP, 8730 Georgia Avenue, Suite 200, Silver Spring, Maryland, 20910, (301/585-5437).

Safe Homes

This is a project sponsored by local PTA groups who circulate listings of "safe homes" where parents agree to supervise teen parties and ensure that there will be no alcohol and other drug use. The Safe Homes Project was developed by the Williamsville, New York PTA.

Further information can be obtained by contacting New York State PTA, 115 Washington Avenue, 3rd Floor, Albany, NY, 12207, (518/462-5326).

Community Intervention Training

A major problem in successfully establishing school-based efforts has been the absence of widespread community awareness and action. Community Intervention, Inc. has developed a particularly effective training model useful in increasing awareness and mobilizing community support for student assistance programs and other school-based programs.

Community Intervention, Inc. is an organization specializing in adolescent alcohol and other drug education, treatment and care. Community Intervention, Inc. staff and consultants present special education and training seminars to schools, volunteer organizations and community based agencies. They also provide consultation services in planning effective programming for adolescents and facilitating student support groups.

For more information contact Community Intervention, Inc., 529 South Seventh Street, Suite 570, Minneapolis, MN, 55415 (1-800/328-0417).

Talking With Your Kids About Alcohol (TWYKAA)

TWYKAA is an 8-10 hour educational program designed to help better prepare parents to contribute to their children's education about alcohol. The program is conducted by certified instructors. The TWYKAA program stresses up-to-date information on alcohol use and problems, including genetic influences and levels of use associated with disease. The program is available for a modest fee from local Councils on Alcoholism throughout New York State. For information contact the local council or agency nearest you that is listed in Appendix B and marked with an asterisk.

APPENDIX A

National PTA Resolution on

Alcohol and Drug Use by Minors

NATIONAL PTA
700 RUSH STREET
CHICAGO, ILLINOIS 60611-2571
(312) 787-0977

R E S O L U T I O N

(Adopted by the 1985 convention delegates)

ALCOHOL AND DRUG USE BY MINORS

WHEREAS, Medical, pharmaceutical and drug treatment professionals classify alcohol as a drug; and

WHEREAS, Alcohol is an illegal drug for minors; and

WHEREAS, The use and abuse of all illicit drugs may seriously impair healthy growth and development of children and youth; and

WHEREAS, The majority of teenage automobile accidents (the leading cause of death for this age group), youth suicides (the second leading cause of death of adolescents), and homicides are drug/alcohol related; and

WHEREAS, The National PTA supports 21 as the minimum legal drinking age; therefore be it

Resolved, That National PTA, its state branches, councils and local units support educational, treatment, or prevention programs that have a positive influence on youth; and be it further

Resolved, That National PTA, its state branches, councils and local units support a no-use message to youth on drugs and alcohol and discourage mixed messages on the use of illegal substances; and be it further

Resolved, That National PTA, its state branches, councils and local units encourage funding, both public and private, for the support and promotion of programs which advocate the no-use philosophy.

APPENDIX B

LOCAL COUNCILS ON ALCOHOLISM AND AGENCIES

What Is a Local Council on Alcoholism

A Council on Alcoholism is a voluntary (non-governmental), non-profit, health agency supported by a variety of sources including private gifts, contributions, foundation grants, government grants and contracts. It is composed of citizens who volunteer their time to a program of education, advocacy, information and referral, and to the development of community resources and services aimed at the prevention and reduction of alcoholism. A council should be broadly representative of the community it serves. As each community is different and unique, so each council is individual and unique.

What Are the Goals of a Local Council on Alcoholism?

- Inform the public about the disease of alcoholism through education and information.
- Work to ensure that appropriate agencies focus on the early treatment and rehabilitation of persons with drinking problems, their families and their children.
- Increase public awareness and reduce the stigma of the disease of alcoholism.
- Advocate development of essential services for the treatment and prevention of alcoholism.

What Are the Objectives of a Local Council on Alcoholism?

- Community Education: To conduct a comprehensive community education program.
- Involve Volunteers: To mobilize and establish volunteer service activities, and serve as a central registry for volunteer services.
- Training Programs: To promote the establishment of training programs for professionals and nonprofessionals. To provide training opportunities and educational courses for community workers.
- Clearinghouse of Information: To collect, prepare and disseminate information on alcoholism and all relevant resources in the community for aiding alcoholics, their families and their children.

- Promote the Development of Essential Services: To promote the establishment and coordination of treatment and rehabilitation services.

- Work with the Media: To promote the preparation of educational materials to be used by all levels of the communications media.

- Speakers Bureau: To establish a speakers bureau, including youth, minorities and women.

ALBANY COUNTY

Albany Citizens Council
on Alcoholism, Inc.
75 New Scotland Avenue
Albany, NY 12208
(518) 434-8083
ATTN: John Scheer

ALLEGANY COUNTY *

Allegany Area Council on
Alcoholism and Substance
Abuse, Inc.
23 Jefferson Street
Wellsville, NY 14895
(716) 593-6738
ATTN: Emily Bloom

BROOME COUNTY *

Broome County Council on
Alcoholism, Inc.
89-91 Court St.
Binghamton, NY 13901
(607) 723-7529
ATTN: Dorothy Condon

CATTARAUGUS COUNTY *

Cattaraugus County Council on
Alcoholism & Substance
Abuse, Inc.
201 South Union Street
Olean, NY 14760
(716) 373-4303
ATTN: Gail Kockersperger

CAYUGA COUNTY *

C.H.A.D. (Confidential Help
for Alcohol and Drugs)
31 Market Street
Riverview Bldg., 3rd Floor
Auburn, NY 13201
(315) 253-9786
ATTN: Kevin Heres

CHAUTAUQUA COUNTY *

Chautauqua County Council on
Alcoholism, Inc.
Commons Mall, 2nd Floor
13023 Third
Jamestown, NY 14701
(716) 664-3608
ATTN: Patricia Munson

CHEMUNG COUNTY *

Alcoholism Council of Chemung
County, Inc.
215 West Water St., Room 8
Elmira, NY 14901
(607) 734-1567
ATTN: Nancy Dunham

CHENANGO COUNTY *

Council on Alcoholism for
Chenango County, Inc.
12 Henry Street
Norwich, NY 13815
(607) 334-5225

CLINTON COUNTY

North Country Council on
Alcoholism
Suite 100, 39 Saranac Avenue
Lake Placid, NY 12946
(518) 523-2100
ATTN: Susan Sunderland

COLUMBIA/GREENE COUNTIES *

Columbia/Greene County Center
on Alcoholism, Inc.
315 Warren Street
Hudson, NY 12534
(518) 828-9300
ATTN: Don Spitz

CORTLAND COUNTY

Cortland County Alcoholism Services
60 Central Avenue
Cortland, NY 13045
(607) 753-5055
ATTN: Charlie Capansano

DELAWARE COUNTY

Delaware County Council/ Alcoholism
24 New Street
Walton, NY 13856
(607) 865-4090
ATTN: Chris Hale

DUTCHESS COUNTY

Dutchess County Department of Mental Hygiene
230 North Road
Poughkeepsie, NY 12601
(914) 485-9700
ATTN: Alan Kraus
(New Council Developing)

ERIE COUNTY *

Buffalo Area Council on Alcoholism (BACA), Inc.
245 Elmwood Avenue
Buffalo, NY 14222
(716) 885-0095
ATTN: Michael Merrick

ESSEX COUNTY

North Country Council on Alcoholism
Suite 100, 39 Saranac Avenue
Lake Placid, NY 12946
(518)523-2100
ATTN: Susan Sunderland

FRANKLIN COUNTY

North Country Council on Alcoholism
Suite 100, 39 Saranac Avenue
Lake Placid, NY 12946
(518) 523-2100
ATTN: Susan Sunderland

FULTON COUNTY

Fulton County Alcoholism Services
57 East Fulton St.
Gloversville, NY 12078
(518) 773-8231
ATTN: Pam Carpenter
(New Council Developing)

GENESEE COUNTY

Genesee Council on Alcoholism and Substance Abuse, Inc.
30 Bank Street
Batavia, NY 14020
(716) 343-1124/343-1128
ATTN: Faith Cole

GREENE COUNTY: See COLUMBIA/GREENE

HAMILTON COUNTY

Hamilton County Mental Health Services
Box 165
Indian Lake, NY 12842
(518) 648-5355
ATTN: Paul La Rocque
(New Council Developing)

HERKIMER COUNTY

Herkimer County Mental Health Services
Little Falls Hospital
Little Falls, NY 13365
(315) 823-2382
ATTN: Frank Marly

JEFFERSON COUNTY *

Jefferson County Committee on
Alcoholism, Inc.
345 Factory Street
Watertown, NY 13601
(315) 788-4660
ATTN: Lucia Boyer

LEWIS COUNTY

Jeff-Lewis Alcoholism Services
7657 North State St.
Lowville, NY 13367
(315) 376-5958
ATTN: Bill Burkhard
(New Council Developing)

LIVINGSTON COUNTY

Livingston County Council on
Alcoholism, Inc.
Livingston Campus, Bldg. 2
Mt. Morris, NY 14510
(716) 658-2216
ATTN: Robert Greenburg

MADISON COUNTY

Madison County Alcoholism
Services
248 Main Street
Oneida, NY 13421
(315) 363-8730
ATTN: James Yonai
(New Council Developing)

MONROE COUNTY *

National Council on Alcoholism
Rochester Area, Inc.
The Health Association of
Rochester and Monroe County
973 East Avenue
Rochester, NY 14607
(716) 271-3540
ATTN: Bill Lyman

MONTGOMERY COUNTY *

Montgomery County Alcoholism
Program
St. Mary's Hospital
76 Guy Park Avenue
Amsterdam, NY 12010
(518) 843-4410
ATTN: Sherrie Gillette
(New Council Developing)

NASSAU COUNTY: See last page
under LONG ISLAND

NEW YORK CITY BOROUGHS:
See last page

NIAGARA COUNTY *

Alcoholism Council of Niagara
County, Inc.
1319 Pine Avenue
Niagara Falls, NY 14301
(716) 282-1228
ATTN: Dan Shubsda

ONEIDA COUNTY *

National Council on Alcoholism
Oneida County, Inc.
42 Genesee Street
New Hartford, NY 13413
(315) 732-6155
ATTN: Richard M. Dardano

ONONDAGA COUNTY *

Onondaga Council on Alcoholism
and Addictions, Inc.
716 James Street
Syracuse, NY 13203-2080
(315) 471-1359
ATTN: Tom Hadlick

ONTARIO COUNTY

Council on Alcoholism of the Finger Lakes
500 Hamilton Street
Geneva, NY 14456
(315) 789-0310
ATTN: Nelson Acquilano

ORANGE COUNTY *

Orange County Council on Alcoholism, Inc.
P.O. Box 583
Goshen, NY 10924
(914) 294-9000
ATTN: Stephanie Hunter

ORLEANS COUNTY

Orleans County Alcoholism Services
14012 Route 31
Infirmary Bldg.
Albion, NY 14411
(716) 589-5676, Ext. 261
ATTN: Don White

OSWEGO COUNTY *

Oswego Council on Alcoholism, Inc.
175 East Seventh St.
Oswego, NY 13126
(315) 342-2370
ATTN: Debbie Bills

OTSEGO COUNTY

L.E.A.F./Council on Alcoholism
45 Pioneer Street
Cooperstown, NY 13326
(607) 547-8220
ATTN: Elizabeth Currier

PUTNAM COUNTY *

Putnam County Council on Alcoholism, Inc.
Hickman Building
Rt. 6 Church St.
Carmel, NY 10512
(914) 225-4646
ATTN: Frank Scott

RENSSELAER COUNTY

Alcoholism Center of Rensselaer County
16 First Street
Troy, NY 12180
(518) 272-3918
ATTN: Theodore Schmitz

ROCKLAND COUNTY *

Rockland Council on Alcoholism, Inc.
1 South Broadway
Nyack, NY 10960
(914) 358-4357
ATTN: Ron Figueroa

ST. LAWRENCE COUNTY

St. Lawrence County Alcohol & Substance Abuse Service
Van Housen Hall
Gouverneur Drive
SUNY at Potsdam Box 699
Potsdam, NY 13676
(315) 265-6190
ATTN: Michael Polowchena
(New Council Developing)

SARATOGA COUNTY

Saratoga Co. Council on Alcoholism, Inc.
720 N. Broadway
Saratoga Springs, NY 12866
(518) 587-4860
ATTN: Bill Reed

SCHENECTADY COUNTY *

Alcoholism Council of Schenectady
434 State St., Room 202
Schenectady, NY 12305
(518) 346-4436
ATTN: Steve Smith

SCHOHARIE COUNTY

Schoharie Council on Alcoholism, Inc.
P.O. Box 126
Schoharie, NY 12157
(518) 295-8136
ATTN: Ellen Welle

SCHUYLER COUNTY

Schuyler County Mental Health Services
305 East Fourth St.
Watkins Glen, NY 14891
(607) 535-2398
ATTN: Bill Burke

SENECA COUNTY: See ONTARIO COUNTY

STEUBEN COUNTY *

Corning Area Council on Alcoholism, Inc.
239 Chemung Street
Corning, NY 14830
(607) 937-5156/7
ATTN: Patricia Haughey

SUFFOLK COUNTY: See last page under LONG ISLAND

SULLIVAN COUNTY *

Sullivan County Council on Alcoholism and Substance Abuse, Inc.
17 Hamilton Avenue
Monticello, NY 12701
(914) 794-8080
ATTN: Beth Lang

TIOGA COUNTY

Tioga County Alcohol & Drug Services
175 Front Street
Owego, NY 13827
(607) 687-5555
ATTN: John Yanchus

TOMPKINS COUNTY

Alcoholism Council of Tompkins County, Inc.
301 S. Geneva St., Room G-10
Ithaca, NY 14850
(607) 273-5422
ATTN: Florence Ricciuti, Ph.D.

ULSTER COUNTY

Ulster County Council on Alcoholism, Inc.
48 Main Street
Kingston, NY 12401
(914) 331-9331
ATTN: Pat K. O'Keeffe

WARREN/WASHINGTON COUNTY *

Warren/Washington Council on Alcoholism, Inc.
77 Main Street
Hudson Falls, NY 12839
(518) 747-2191
ATTN: Elizabeth Laquidara

WAYNE COUNTY: See ONTARIO

WESTCHESTER COUNTY *

National Council on Alcoholism/
Westchester
10 Longview Avenue
White Plains, NY 10601
(914) 946-1358
ATTN: Ann Noll

WYOMING COUNTY

Wyoming County Alcoholism
Treatment Program
189 North Main Street
Warsaw, NY 14569
(716) 786-8133
ATTN: Andrew O'Brien

LONG ISLAND *
(NASSAU AND SUFFOLK COUNTIES)

Long Island Council on
Alcoholism, Inc.
110 Main Street
Mineola, NY 11501
(516) 747-2606
ATTN: Rev. Peter Sweisgood

NEW YORK CITY BOROUGHS -
ALL TREATMENT CALLS

Alcoholism Council of Greater
New York, Inc.
133 East 62nd Street
New York, NY 10021
(212) 935-7075
ATTN: Allan Luks

NEW YORK CITY BOROUGHS -
COMMUNITY CALLS

BRONX *
Bronx Committee for the
Betterment of Alcoholism
Services
3164 Third Avenue
Bronx, NY 10451
(212) 402-8900
ATTN: Lois Morris

BROOKLYN *

Brooklyn Committee on
Alcoholism
307 76th Street
Brooklyn, NY 11209
(718) 833-8101
ATTN: Lotty Inselberg

MANHATTAN *

Manhattan Committee on
Alcoholism
c/o Manhattan/Bowery
Project
275 Seventh Avenue
New York, NY 10001
(212) 620-0340
ATTN: Elizabeth Kiernan

QUEENS *

Queens County Council on
Alcoholism, Inc.
c/o Camel Head
40-05 149th Place
Flushing, NY 11358
(718) 359-5816
ATTN: Mary Ellen Musselman

STATEN ISLAND

Staten Island Committee on
Alcoholism
417 - 63rd St.
Brooklyn, NY 11220
(718) 390-5765
ATTN: Gerard C. Vandervoort

*Counties with individuals trained in "Talking With Your Kids About Alcohol."

APPENDIX C

NOTE:

All of the films listed in this section are available from the New York State Council on Alcoholism (NYSCA), Inc. Film Library. NYSCA has a minimum charge of $25, which entitles the borrower to use five films over a 12-month period; there are higher fees for more frequent borrowers. All fees must be paid in advance. For more information contact Mr. Gene Hester by calling at 518/436-1077 or by writing to NYSCA Film Library, 155 Washington Avenue, Albany, NY, 12210.

TOPIC 1 - ALCOHOL

Addiction Research Foundation, Alcohol--Do You Know Enough About It? Toronto, Canada, 1978.

Channing, L. Bete Co., Inc., What Everyone Should Know About Alcohol. Greenfield, Massachusetts, 1979.

Finn, Peter and Patricia O'Gorman, Teaching About Alcohol, Allyn and Bacon, Inc., Boston, Massachusetts, 1981.

National Institute on Alcohol Abuse and Alcoholism, The Answer Book - Answers To The Most Asked Questions About Alcohol. Washington, D.C., 1978.

Seixas, Judith, Alcohol - What It Is, What It Does. Greenwillows Books, New York, 1979.

ALCOHOL - TOPIC 1 FILMS

1. "Alcohol" (10 min.)
2. "Alcohol In the Human Body" (14 min.)
3. "Alcohol: A New Focus" (15 min.)
4. "Alcohol and Nutrition" (25 min.)
5. "The Body At Risk" (22 min.)
6. "Chalk Talk" (60 min.)
7. "Just One" (24 min.)
8. "Medical Aspects of Alcohol" (60 min.)
9. "Thinking About Drinking" (15 min.)
10. "To Your Health" (10 min.)

TOPIC 2 - ALCOHOL USE

Bacon, Margaret and Mary Brush Jones, Teen-Age Drinking, Thomas Y. Cromwell Company, New York, 1968.

Barnes, Grace M., Adolescent Alcohol and Other Drug Use: Empirical Findings With Implications for Prevention and Treatment, Practical Applications, Vol. 3, No. 4, Spring 1986.

Barnes, Grace M., A Double Danger: Relationship Between Alcohol Use and Substance Use Among Secondary School Students In New York State, Research Institute on Alcoholism, Division of Alcoholism and Alcohol Abuse, Buffalo, New York, Fall 1985.

Barnes, Grace M., and J. W. Welte, Alcohol: The Gateway to Other Drug Use Among Secondary School Students. Journal of Youth and Adolescence, Vol. 14, No. 6, 1985.

Barnes, Grace M., Alcohol Use Among Secondary School Students in New York State, Research Institute on Alcoholism, Division of Alcoholism and Alcohol Abuse, Buffalo, New York, Fall 1984.

Barnes, Grace M., "The Development of Adolescent Drinking Behavior," Adolescents, Vol. 12, No. 448, 1977.

Barnes, Grace M. and M. Russell, "Drinking Patterns in Western New York State: Comparison with National Data," Journal of Studies on Alcohol, Vol. 39, No. 7, pp. 1148-1157, July 1978.

Barnes, Grace M., Drinking Patterns of Youth in Genesee County, New York State Division of Alcoholism and Alcohol Abuse, Research Institute on Alcoholism, 1021 Main Street, Buffalo, New York 14203, 1978.

Barnes, Grace M., Patterns and Predictors of Alcohol Use Among 7-12th Grade Students in New York State, Journal of Studies on Alcohol, Reprinted, Vol. 47, No. 1, pp. 53-62, January 1986.

Blane, Howard T. and Linda E. Hewitt, Alcohol and Youth: An Analysis of the Literature - 1960-1975, National Technical Information Service, Springfield, Virginia, 1977.

DeLuca, John R. (ed.), Fourth Special Report to the US Congress on Alcohol and Health, National Institute on Alcohol Abuse and Alcoholism, 5600 Fisher Lane, Rockville, Maryland, 1981.

Gross, L., How Much Is Too Much? The Effects of Social Drinking, Random House, Inc., New York, New York, 1983.

National Clearinghouse for Alcohol Information, "Facts for Planning No. 1: Prevalence of Alcohol Use Among US Senior High School Students," Alcohol, Health and Research World, pp. 29-40, Fall 1981.

National Technical Information Service, Adolescent Drinking Behavior, Volume 1, The Extent and Nature of Adolescent Alcohol and Drug Use: The 1974-1978 National Sample Studies, 5282 Port Royal Road, Springfield, Virginia 22161, 1981.

North, R. and R. Orange, Jr., Teenage Drinking: The Number One Threat to Young People Today, Collier Books, New York, 1980.

O'Gorman, Patricia and Hazelhacks, Aspects of Youthful Drinking, The National Council on Alcoholism, New York, 1980.

Wilsnack, S.C., and R. W. Wilsnack, "Sex Roles and Adolescent Drinking," in H.T. Blane and M. E. Chafetz, Youth, Alcohol, and Social Policy, Plenum Press, New York, pp. 183-224, 1979.

ALCOHOL USE - TOPIC 2 FILMS

1. "Alcohol: The First Decision" (9 min.)
2. "Alcohol: How Much Is Too Much" (11 min.)
3. "Alcohol: I Was Going To School Drunk" (27 min.)
4. "America On The Rocks" (15 min.)
5. Dial A-L-C-O-H-O-L Series (30 min. each)
   - "Hotline"
   - "In The Beginning"
   - "Al's Garage"
   - "The Legend of Paulie Green"
6. "Drinking" (21 min.)
7. "Epidemic: Kids, Drugs and Alcohol" (27 min.)
8. Jackson Jr. High Series (15 min. each)
   - "Route One"
   - "The Party's Over"
   - "Barbara Murray"
   - "Like Father, Like Son"
9. "What Time Is It Now?" (16 min.)
10. "Where's Shelly?" (13 min.)

ALCOHOL USE - TOPIC 2 ACTIVITY MATERIALS

"Pepper" - Contact the National Council on Alcoholism, Inc., 12 West 21st St., New York, NY, 10010, (212/206-6770).

Alcohol - How Much Is Too Much - Contact the local Council on Alcoholism or agency nearest you listed in Appendix B.

Promoting Health/Preventing Disease: Objectives for the Nation- Contact U.S. Public Health Service, U.S. Department of Health and Human Services, Washington, D.C.

TOPIC 3 - ALCOHOL PROBLEMS

Ackerman, Robert J., Children of Alcoholics: A Guidebook for Educators, Therapists, and Parents, Learning Publications, Inc., Home Beach, Florida, 1978.

Alibrandi, Tom, Young Alcoholics, Comp Care Publications, Minneapolis, 1978.

Barnes, Grace M. and John W. Welle, Adolescent Alcohol Abuse: Subgroup Differences and Relationships to Other Problem Behaviors, Journal of Adolescent Research, Vol. 1, pp. 79-94, 1986.

Bean, Margaret, M.D., "The Teenage Alcoholic," A paper presented at the Fifth Annual Alcoholism Symposium: Treatment of Special Populations, by the Continuing Education Division, Department of Psychiatry, Harvard University Medical School, March 6, 1982.

Bell, Richard Q., "Parent, Child and Reciprocal Influences," American Psychologist, Vol. 34, pp. 821-826, 1979.

Beschner, George M., and Alfred S. Friedman (eds.), Youth Drug Abuse, Lexington Books, Lexington, Massachusetts, 1979.

Black, Claudia, "Children of Alcoholics," Catalyst, Vol. 1, No. 3, pp. 5-21, 1980.

Black, Claudia, "Innocent Bystanders at Risk: The Children of Alcoholics," Alcoholism, Vol. 1, No. 3, pp. 22-26, 1981.

Black, Claudia, It Will Never Happen to Me, Medical Administration Company Printing and Publications, 1850 High Street, Denver, Colorado 80218, 1982.

Black, Claudia, My Dad Loves Me, My Dad Has a Disease, Act, P.O. Box 8536, Newport Beach, California 92660, 1979.

Black, Claudia, Repeat After Me, MAC Printing and Publication, 1850 High Street, Denver, Colorado 80218, 1985.

Black, R. and J. Mayer, An Investigation of the Relationship Between Substance Abuse and Child Abuse and Neglect, National Center on Child Abuse and Neglect, Department of Health, Education and Welfare, Office of Human Development, Washington, DC, ERIC ed 175 228, 1980.

Brooks, Cathleen, The Secret Everyone Knows, Operation Cork, San Diego, California, 1981.

Califano, Joseph A., Jr., The 1982 Report on Drug Abuse and Alcoholism: A Report to Hugh L. Carey, Governor, State of New York, 1982.

Cloninger, C.R., "Genetic and Non-genetic Factors in Alcoholism and Sociopathy, American Journal Human Genetics, Vol. 33, No. 6, 8A, 1981.

Cloninger, C.R. et. al., "Inheritance of Alcohol Abuse: Cross-Fostering Analysis of Adopted Men," Archives of General Psychiatry, Vol. 38, pp. 861-868, 1981.

Coleman, D. H., and M. A. Straus, "Alcohol Abuse and Family Violence." Paper presented at annual meeting of American Sociological Association, Boston, 1979. Rev. ed., University of New Hampshire, Family Violence Research Program, 1980.

Cork, R. Margaret, Alcoholism and the Family, Addiction Research Foundation, Toronto, Canada, 1969.

Cork, R. Margaret, The Forgotten Children: A Study of Children with Alcoholic Parents, General Publishing Co., Ltd., Don Mills, Ontario, Canada, 1969.

Deutsch, Charles, Broken Bottles, Broken Dreams: Understanding and Helping Children of Alcoholics, Teachers College Press, New York, 1982.

Finn, Peter, "Teenage Drunkeness: Warning Signal, Transient Boisterousness, or Symptoms of Social Change?," Adolescence, Vol. 14, pp. 819-834, 1979.

Johnson, Vernon, I'll Quit Tomorrow, Second Edition, Harper and Row, New York, New York, 1980.

Julian, V., and C. Mohr, "Father-Daughter Incest: Profile of the Offender," National Study on Child Neglect and Abuse Reporting, Denver, Colorado, 1980.

Morehouse, Ellen R., "Working in the Schools With Children of Alcoholic Parents," Health and Social Work, Vol. 4, No. 4, pp. 144-162, 1979.

Morehouse, Ellen R., "Working With Alcohol Abusing Children of Alcoholics," New Perspectives on Youth Treatment, National Center for Alcohol Education, Chevy Chase, Maryland, pp. 56-66, 1982.

"National Council on Alcoholism 1981 Conference," National Institute on Alcoholism and Alcohol Abuse Information and Feature Service, July 30, 1981.

Rachal, J.V., et. al., A National Survey of Adolescent Drinking Behavior, National Institute on Alcohol Abuse and Alcoholism, Rockville, Maryland, 1980.

Rachal, J.V., et. al., "Alcohol Use Among Adolescents," Alcohol Consumption and Related Problems, Alcohol and Health Monograph, No. 1, National Institute on Alcohol Abuse and Alcoholism, Rockville, Maryland, DHHS Publication No. (ADM) 82-1190, pp. 55-95, 1981.

Smart, Reginald, and W. Schmidt, The New Drinkers: Teenage Use and Abuse of Alcohol, second edition, Addictions Research Foundation, Toronto, Canada, 1980.

Smith, E. J., "Adolescent Drug Abuse and Alcoholism: Directions for the School and the Family," Urban Education, Vol. 16, No. 3, pp. 311-332, 1981.

"Special Report: Troubled Teenagers," U.S. News and World Report, pp. 40-43, December 14, 1981.

Wegscheider, Sharon, Another Chance- Hope and Health for the Alcoholic Family, Science and Behaviour Books, Inc., Palo Alto, California, 1981.

Williams, Timothy P., et. al., The Relative Role of Alcohol as a Contributing Factor in the Over-representation of Young Drivers in Highway Crashes, New York State Division of Alcoholism and Alcohol Abuse, Bureau of Alcohol and Highway Safety, Research Report Series Number 11, Albany, 1981.

Woodside, Migs, Children of Alcoholics, A Report to Hugh L. Carey, Governor of New York State, 1982.

ALCOHOL PROBLEMS - TOPIC 3 FILMS

1. "The Alcoholic Within Us" (28 min.)
2. "Alcoholism and The Family" (42 min.)
3. "Alive Again" (15 min.)
4. "...And I'm An Alcoholic" (29 min.)
5. "Bourbon In Suburbia" (27 min.)
6. "Cause The Effect/Affect The Cause" (23 min.)
7. "Children of Alcoholics" -3/4" Video tape (30 min.)
8. "David: Profile of A Problem Drinker" (27 min.)
9. "Dealing With Denial" (30 min.)
10. "The Enablers" (20 min.)
11. "The Family Trap" (30 min.)
12. "The First Step" (30 min.)
13. "Francesca, Baby" (90 min.)
14. "Have Another Drink Ese?" (16 min.)

15. "If You Loved Me" (54 min.)
16. "The Intervention" (30 min.)
17. "Joy's Story" (12 min.)
18. "Ninety-nine Bottles of Beer" (23 min.)
19. "Oscar" (8 min.)
20. "The Other Guy" (28 min.)
21. "Soft Is the Heart of a Child" (28 min.)
22. "A Story About Feelings" (10 min.)
23. "The Summer We Moved To Elm Street" (28 min.)
24. "The Young Alcoholics" (25 min.)

ALCOHOL PROBLEMS - TOPIC 3 ACTIVITY MATERIALS

What's Drunk Mama? - Contact Al-Anon Family Group Headquarters, 862 Midtown Station, New York, NY, 10018-0862, (212/302-7240).

Pablito's Secret - Write to Health Communications, Inc., 2119-A Hollywood Blvd., Hollywood, FA, 33020.

The Courage to Change by Dennis Wholey, Houghton Mifflin Company, Boston, MA, 1984.

Note:

Alcoholics Anonymous World Services Inc. is an excellent source for information and publications on alcoholism. The address is P.O. Box 459, Grand Central Station, New York, NY, 10163, (212/686-1100).

TOPIC 4 - INFLUENCES ON ALCOHOL USE

Blane, Howard T. and Morris Chafetz (eds.), Youth, Alcohol, and Social Policy, Plenum Press, New York, 1979.

Focus on Prevention, Five-Year Comprehensive Plan for Alcoholism Services in New York State, Submitted to Governor Mario M. Cuomo and to the Legislature in accordance with Mental Hygiene Law, Sec. 5.07b, New York State Division of Alcoholism and Alcohol Abuse, Albany, New York, 1985.

Gerstein, D.R. and M.H. Moore (eds.), Alcohol and Public Policy: Beyond the Shadow of Prohibition, National Academy Press, Washington, D.C., 1981.

Hooper, F.J., "The Relationship Between Alcohol Control Policies and Cirrhosis Mortality in United States Counties," paper presented at American Public Health Association Annual Meeting, Dallas, Texas, 1983.

Lillis, R. P., T. P. Williams, and W. R. Williford. "The impact of the 19-year old drinking age in New York," in Holder, H. (ed.) Control Issues in Alcohol Abuse Prevention: Strategies for States and Communities. JAI Press, Greenwich, Connecticut, (In Press).

MacDonald, S., and P. Whitehead, "Availability of Outlets and Consumption of Alcoholic Beverages," Journal of Drug Issues, pp. 477-486, Fall 1983.

New York State Report of the Joint Legislative Committee for the Study of the Alcoholic Beverage Control Law, Legislative Document, Senator John J. Marchi, Chairman, 1963.

Parker, D.A. and M.S. Harmon, "The Distribution of Consumption Model of Prevention of Alcohol Problems: A Critical Assessment," Journal of Studies on Alcohol, Vol. 39, No. 3, 1978.

Rush, B., M. Steinberg, and R. Brook, "The Relationship Among Alcohol Availability, Alcohol Consumption and Alcohol-Related Damage in the Providence of Ontario and the State of Michigan, 1955-1983," Addiction Research Foundation of Ontario, Toronto, 1984.

Weschler, Henry (ed.), Minimum Drinking Age Laws - An Education, Lexington Books, D.C. Heath and Co., Lexington, Massachusetts, 1980.

Weschler, H., E. Kasey, D. Thum, and H. Demone, "Alcohol Levels and Home Accidents," Public Health Reports 84 (12), 1043-1050, 1969.

Wittman, F.D., "Reducing Environmental Risk of Alcohol Problems," paper prepared for California Department of Alcohol and Drug Programs, Prevention Research Center, Berkeley, California, 1985.

Wittman, F., "Zoning Ordinances, Alcohol Outlets, and Planning: Prospects of Local Control of Alcohol Problems," Alcohol Research Group, Berkeley, California, April 1982.

INFLUENCES ON ALCOHOL USE - TOPIC 4 FILMS

1. "Alcohol and Young People" (18 min.)
2. "The Alcoholism Film" (26 min.)
3. "All Bottled Up" (11 min.)
4. "The Bottle" (10 min.)
5. "A Call to Action" (14 min.)
6. "Drink, Drank, Drunk" (60 min.)
7. "Falling Back: The Dry Drunk Syndrome" (30 min.)
8. "Feelin' No Pain" (30 min.)
9. "Getting Busted" (27 min.)
10. "Guidelines" (45 min.)
11. "Hollywood Squares" (12 min.)
12. "How Do You Tell?" (13 min.)
13. "It Can't Happen To Me" (25 min.)
14. "I Wish We Could Talk About It" (27 min.)
15. "The Last Prom" (24 min.)
16. "Point Zero Eight" (30 min.)
17. "Test Track" (15 min.)
18. "A Time for Decision" (29 min.)

VI. EVALUATION FORM

Dear Teacher:

To evaluate the effectiveness of Alcohol: The Gateway Drug, Alcohol Supplement to the Drug Education Curriculum, we ask your assistance by answering the few brief questions below. Your views will be of great value to us in preparing future educational materials on alcohol.

Please return your completed questionnaire by **March 31, 1987** so that your responses can be included in the survey analysis. Please mail your questionnaire to Bureau of Community Education and Intervention, New York State Division of Alcoholism and Alcohol Abuse, 194 Washington Avenue, Albany, NY, 12210.

Thank you for your cooperation.

1) Did you use the activities presented in the Classroom Activity Guide? YES_____ NO_____

If yes, how often?

Once_____ More than once_____ Will use again_____

2) Was enough information provided to help you effectively utilize the Supplement? YES_____ NO_____

3) Was the material useful?

I.	Introduction	YES_____	NO_____
II.	New Messages About Alcohol	YES_____	NO_____
III.	Classroom Activity Guide	YES_____	NO_____
IV.	Program and Policy Guide	YES_____	NO_____
V.	Appendices	YES_____	NO_____

4) Teacher Information:

Grade_____ Subject (if applicable)_____

School District: Rural_____ Suburban_____ Urban_____

5) Additional comments: _____

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